# **Application Data Sheet**

Secrecy Order in Parent Appl.?::

Application	Information
<b>Application</b>	IIIIOIIIIauoii

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DIAGNOSTIC METHOD
Attorney Docket Number::	00487.00011
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

NO

#### **Applicant Information**

Name Suffix::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: KARIM

Middle Name::

Family Name:: MALIK

City of Residence:: Bristol

State or Province of Residence::

Country of Residence:: UNITED KINGDOM

Street of mailing address:: University Walk

City of mailing address:: Bristol

State or Province of mailing address::

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: BS8 1TD

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: KEITH

Middle Name::

Family Name:: BROWN

Name Suffix::

City of Residence:: Bristol

Country of Residence:: United Kingdom

Street of mailing address:: University Walk

City of mailing address:: Bristol

State or Province of mailing address::

State or Province of Residence::

**United Kingdom** 

Postal or Zip Code of mailing address::

BS8 1TD

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number::

22907

### **Representative Information**

Representative Customer Number::

22907

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	National Stage of	PCT/GB00/02741	07/15/00

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# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Great Britain	9916669.6	07/15/99	YES
Great Britain	9926293.3	11/05/99	YES

# **Assignee Information**

Assignee name:: THE UNIVERSITY OF BRISTOL

Street of mailing address:: Senate House

Tyndall Avenue

City of mailing address:: Bristol

State or Province of mailing address::

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: BS8 1TH